



## SkillsUSA State Officer Travel Authorization

**Student Name:** \_\_\_\_\_

**School/Chapter:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dear Parent/Guardian,

As a SkillsUSA State Officer, your student will participate in several leadership events and travel throughout their term. Your support, guidance, and supervision play a vital role in ensuring they grow in professionalism, responsibility, and personal development. Please review the expectations and return this signed form to acknowledge your consent.

### 1. State Officer Events

Your student is required to attend the following trips during their term:

- **May** – State Officer Leadership Training (SOLT), 2–3 days
- **June** – National Leadership & Skills Conference (NLSC), 9 days
- **October** – Fall Leadership Camp (FLC), 2–3 days
- **January/February** – Legislative Advocacy Day, 4 days
- **March/April** – State Leadership & Skills Conference (SLSC), 5 days

*Other duties/events as assigned*

All events are considered school activities; students must follow school, district, and SkillsUSA Washington rules and the **SkillsUSA Code of Conduct** at all times.



## 2. Parent/Guardian Responsibilities

- Ensure adherence to the SkillsUSA Code of Conduct and event dress codes.
- Maintain communication with SkillsUSA staff regarding student needs or concerns.
- Support punctuality, participation, and professionalism at all events.

## 3. Permission for Medical Treatment

I authorize qualified emergency medical professionals to examine and, if necessary, provide emergency care for my student. Every effort will be made to contact me before treatment. I understand SkillsUSA Washington and its staff do not assume financial liability for medical expenses.

### Medical Information:

- Allergies, medical conditions, or medications:

\_\_\_\_\_

### Emergency Contacts (if parent/guardian cannot be reached):

1. Name / Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name / Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## 4. Acknowledgment of Expectations and Responsibilities

I have reviewed all event materials and understand expectations. I also understand that if my student violates any rules or policies, disciplinary actions may include early dismissal from an event at my expense.



**5. Commitment**

By signing below, I acknowledge that I have read, understand, and agree to the expectations outlined above and authorize my student to participate in all SkillsUSA Washington State Officer events.

**Acknowledgment & Signature**

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

*I have read and agree to the expectations outlined above as the parent/guardian of a SkillsUSA State Officer. I commit to supporting the mission and vision of SkillsUSA by providing guidance, encouragement, and mentorship to my student leader.*

\_\_\_\_\_  
(Parent/Gardian Signature)

\_\_\_\_\_  
(Date)